

Request For Cycle-2 DHE Teacher Quality Grant Funds

Institution Name: _____ **FEIN (required)** _____

Reimbursement Request: First _____ Second _____ Final _____ Total Award Amount for Project is \$ _____				
Project Title: _____				
Project Director(s): _____ _____	Matching Funds	Cycle-2 Teacher Quality Grant Expenses*		
		Previous Disbursements (B)	Current Requests (C)	Total Expenditures to date (B+C)
1. PERSONNEL (List separately with name and title)				
(1) Key Personnel (i.e. faculty, administration, etc.)				
A. Salaries				
i.				
ii.				
iii.				
iv.				
B. Fringe Benefits (Approved institutional rates for personnel category) ()%				
(2) Other Staff (i.e. clerical, graduate students, etc.)				
A. Salaries				
i.				
ii.				
iii.				
iv.				
B. Fringe Benefits (Approved institutional rates for personnel category) ()%				
TOTAL PERSONNEL COSTS				
2. PARTICIPANT COSTS (i.e. materials, books, kits, travels, etc.)				
A.				
B.				
C.				
D.				
E.				
F.				
TOTAL PARTICIPANT COSTS				
3. ADDITIONAL COSTS (List individual additional costs and provide detailed narrative)				
A.				
B.				
C.				
D.				
E.				
F.				
TOTAL ADDITIONAL COSTS				
4. TOTAL DIRECT COSTS (Add items 1 through 3)				
5. INDIRECT COSTS (Use a maximum rate of 8% of item 4)				
6. EXTERNAL EVALUATION COSTS				
7. TOTAL COSTS (Add items 4 - 6)				
Project Director	Typed Name and Title		Signature	Date
Institutional Fiscal Authority	Typed Name and Title		Signature	Date

*Please use this Form for reimbursements of Cycle-2 DHE Teacher Quality Grant expenses ONLY.

